

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION THIRTEEN

SILVER CROSS HOSPITAL
Employer

and

Case 13-RC-21277

INTERNATIONAL UNION OF
OPERATING ENGINEERS, LOCAL 399,
AFL-CIO

Petitioner

DECISION AND DIRECTION OF ELECTION

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, as amended, a hearing on the petition was held on December 15 and 30, 2004, and January 3 and 4, 2005, before a hearing officer of the National Labor Relations Board, hereinafter referred to as the Board, to determine an appropriate unit for collective bargaining.¹

I. ISSUES

The Petitioner seeks an election within a unit comprised of approximately 15 operating engineers, refrigeration mechanics, maintenance mechanics and electricians employed by the Employer in the building services department at its acute care hospital facility currently located at 1200 Maple Road, Joliet, Illinois. The petitioned-for unit constitutes a unit of skilled maintenance employees, one of the eight bargaining units which the Board has determined to be appropriate in acute care hospitals. See Section 103.30 of the Board's Rules and Regulations.

Three general areas of dispute have arisen with respect to the unit. First, the Employer asserts that within the confines of the building services department, the office coordinator and clerk dispatcher positions must be included in the bargaining unit. In essence, the Employer's argues that all non-supervisory employees in the building services department must be included in the skilled maintenance unit. Secondly, the Employer maintains that the duties of the Information Services Department employees are more akin to that of a skilled maintenance unit than the business office clerical unit they are traditionally placed in under the Rules. Finally, the Employer believes that a potential joint employer relationship between the Hospital and Aramark Facility Services, an independent facilities management company providing, *inter alia*,

¹ Upon the entire record in this proceeding, the undersigned finds:

- a. The hearing officer's rulings made at the hearing are free from error and are hereby affirmed.
- b. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.
- c. The labor organization involved claims to represent certain employees of the Employer.
- d. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.

management consulting services to the Hospital, affects the appropriateness of the skilled maintenance unit as sought by the Petitioner. As a general rule, the Board does not include employees in the same unit if they do not have the same employer, absent employer consent. See, *Oakwood Care Center*, 343 NLRB No. 76 (Slip op, November 19, 2004); See also, *Lee Hospital*, 300 NLRB 947 (1990). It should be noted, however, that the Employer refused to take a position as to whether a joint employer relationship existed between itself and the disputed contractors, and the record clearly indicates that the Employer did not consent to a joint collective bargaining relationship with Aramark. Additionally, while properly served with a notice of hearing in this matter, Aramark Facility Services chose not to appear at the hearing. The Petitioner contests all three of the Employer's contentions, and maintains that the Hospital is the sole employer of the unit it seeks to represent.

II. DECISION

For the reasons set forth below, including the application of the Board's Health Care Rules; the absence of any indicia that the contested job classifications perform traditional skilled maintenance duties or serve as a helper or assisting to a skilled maintenance employee in the performance of their work; and, absent any evidence that this case contains "extraordinary circumstances"² warranting deviation from the Rules, I find the following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act:

All full-time and regular part-time operating engineers, refrigeration mechanics, maintenance mechanics and electricians field technicians employed by the Employer at its Joliet Illinois acute care hospital facility; but excluding the building services department coordinator, dispatcher/clerical, professional employees, technical employees, service employees, clerical employees, confidential employees, casual employees, guards and supervisors as defined in the Act.

The unit found appropriate herein consists of approximately 15 employees for whom no history of collective bargaining exists.

III. FACTS AND ANALYSIS

A. The Office Coordinator and Dispatch Clerk

In acute care hospitals, such as the Employer, the Board has by rule defined eight units that are the only appropriate bargaining units, absent extraordinary circumstances that are not present here. One of the eight units is all skilled maintenance employees. The Board intended in the rule to only provide for the case-by-case adjudication of unit placement issues. In "Collective Bargaining Units in the Health Care Industry: Second Notice of Proposed Rule Making" the Board noted that skilled maintenance employees are:

² 54 Fed.Reg. 16336 16347-16348, 284 NLRB 1579, 1596-1597 (1989).

employees who are generally engaged in the operation, maintenance, and repair of the hospitals physical plant systems, such as heating, ventilating, air-conditioning, refrigeration, electrical, plumbing, and mechanical, as well as their trainees, helpers and assistants.

53 Fed.Reg. 33900, 33920-33924, 284 NLRB 1527, 1557, 1561 (1988). The Board's analysis of collective bargaining in health care units was finalized with the publication of its Final Rule on Collective Bargaining Units in the Health Care Industry, which took effect on April 23, 1991, upon the issuance of the Supreme Court's decision in *American Hospital Association v. NLRB*, 111 S. Ct. 1539 (1991). The Board determined that skilled maintenance employees properly constituted a separate appropriate unit for the purposes of collective bargaining. *St. Luke's Health Care Association, Inc.*, 312 NLRB 139, 141 (1993); Section 103.30 of the Board's Rules and Regulations. The Board has further held that under the Rule, a skilled maintenance unit should generally include only those employees who perform skilled maintenance work, who fill the position of a trainee, or who serve as helpers or assistants to skilled maintenance employees in the performance of their work. *Barnes Hospital*, 306 NLRB 201 (1992).

The Board has excluded secretaries and clerks from a skilled maintenance unit where there is no evidence that they perform any skilled maintenance work, fill the position of a trainee, or serve as assistants or helpers to skilled maintenance employees in the performance of their work. *Barnes Hospital*, supra. *Ingalls Memorial Hospital*, 309 NLRB 393, 394 (1992). In *Ingalls*, the Board excluded from a skilled maintenance unit, secretaries and clerks, who routed service requests, dispatched maintenance personnel, processed purchasing paperwork, filed and updated preventative maintenance procedures, and prepared maintenance reports.

In *Ingalls*, the Board also excluded a project support coordinator whose job duties included facilitating construction projects and a draftsman who was responsible for maintaining and updating a library of hospital blueprints and generating computer aided design (CAD) drawings on a computer system. These categories were excluded as there was no evidence to show that employees at issue performed any skilled maintenance work or served as helpers or assistants to skilled maintenance employees in the performance of their work.

The office staff within the Building Services Department provides support and record keeping services to the department through a variety of means. Both the office coordinator and dispatcher utilize the ISIS computer system to generate and track preventative and corrective maintenance work orders for the skilled maintenance employees. Completed work orders are entered into ISIS system by the dispatcher, office coordinator, or management consultant Rich Kunkleman.³ The record shows that they are the only departmental employees with access to the system. If a mechanic needed information on the status of a work order, he would contact one of those three people, who could generate a print out of the desired information. There is no

³ The Hospital contracts with Aramark, a facility's management company specializing in, *inter alia*, facility management and clinical equipment maintenance, to provide operational guidance and day-to-day management services to the department. There is no dispute that Kunkleman is an employee of Aramark who exercises day-to-day operational control over the building services department staff. Rich Kunkleman.

question that the skilled maintenance department employees have frequent contact with the office coordinator or the dispatcher in the daily performance of their job duties.

The office coordinator also provides a contact point for the departmental staff for payroll and benefit problems, as well as helps develop policies and procedures pertaining to filing, records maintenance, faxing, and mail distribution with the department. At times, she also answers the telephone and directs maintenance requests from other departments to the appropriate craft. The office coordinator also manages the maintenance purchase order system, provides Rick Kunkleman with clerical support and manages the computer operations within the department. She also plays a role in coordinating vacation requests or requests for leaves of absence from department personnel. There is no evidence that the office coordinator performs any skilled maintenance work or assists in the performance of that work.

The job duties of the dispatcher are similar to those performed by the office coordinator. She operates ISIS system, files, answers the telephone, and directs maintenance requests. According to the position description, the dispatcher also types up purchase orders and various other types of business correspondence as directed by the office coordinator, issues keys with approval of the office coordinator generate monthly preventive maintenance work tickets and generally assist the office coordinator and the skilled maintenance personnel whenever possible. Most skills required for the position are at a level normally acquired through the completion of high school. There is no evidence that the maintenance office assistant performs any skilled maintenance work or assists in the performance of that type of work.

As noted, the Employer contends that the Office Coordinator and Dispatch/Clerk should be included in the skilled maintenance unit, relying primarily on the argument that their duties are significantly integrated with the duties of other unit classifications. In support of this contention, the Employer principally relies on *McLean Hospital*, 234 NLRB 424 (1978), for the proposition that skilled maintenance office personnel should be included in a skilled maintenance unit if they have daily contact with other departmental personnel, are supervised by the same person, “and function primarily as conduits for requisitions to the various shops.” *Id.* at 426. See also *Riverside Methodist Hospital*, 241 NLRB 1183 (1979).

The Undersigned Notes that, *McLean Hospital* and *Riverside Methodist Hospital* were both decided before the Board adopted its health care rule, and are no longer good law. Under the Rule, a skilled maintenance unit should generally include only those employees who perform skilled maintenance work. Soon after the Rule took effect, the Board made explicit its intent to overrule cases such as *McLean Hospital*. *Barnes Hospital*, 306 NLRB 201 (1992) (“*McLean Hospital*, 234 NLRB 424 (1978) in which typists were included on the basis that their clerical functions were closely related to the work performed by the skilled maintenance employees, is no longer dispositive and is overruled ...”) There is no evidence that employees in any of the disputed classification perform skilled maintenance work or fill the position of a trainee, or serve as helpers or assistants to skilled maintenance employees in the performance of their work.

Based on the foregoing, I conclude that the Office Coordinator and Dispatch/Clerical are appropriately excluded from the petitioned-for unit of skilled maintenance employees

B. The Information Services Department

In adopting its rules regarding appropriate bargaining units in acute care hospitals, the Board noted that skilled maintenance units "should generally include all employees involved in the maintenance, repair, and operation of the hospitals' physical plant systems, as well as their trainees, helpers and assistants." Proposed Rules, 29 CFR Part 103, reported at 284 NLRB 1527, 1561 (1988). The Board went on to state that the following classifications should generally be included in skilled maintenance units: carpenter, electrician, mason/bricklayer, painter, pipe fitter, plumber, sheet metal fabricator, automotive mechanic, HVAC mechanic, maintenance mechanic, chief engineer, operating engineer, fireman/boiler operator, locksmith, welder and utility person. In subsequent cases, the Board made clear that skilled maintenance units should include *only* those employees who perform skilled maintenance work, or trainees and assistants who help in the performance of such work. *Barnes Hospital*, 306 NLRB 201 (1992); *Ingalls Memorial Hospital*, 309 NLRB 393, 396 (1992). On that basis, the Board has generally excluded employees that do not perform skilled maintenance work, including computer technicians, from skilled maintenance units in acute care hospitals. Instead, the Board has traditionally deemed data entry, data processing, computer operators and programmers to be business office clerical employees. *Rhode Island Hospital*, 312 NLRB 343, 360-361, (1993); See also, *Seton Medical Center*, 221 NLRB 120, 121-122 (1975); *Valley Hospital, Ltd.*, 220 NLRB 1339, 1343 (1975); *William W. Backus Hospital*, 220 NLRB 414, 415 (1975); *St. Francis Hospital*, 219 NLRB 963, 964 (1975); and, *Trumbull Memorial Hospital*, 218 NLRB 796, 797 (1975).

The Information Services Department is responsible for the processing and maintenance of the Employer's computerized hospital information system, which connects the several hundred personal computers, or PCs, in the Hospital into a network. The departmental employees are responsible for the repair, maintenance, monitoring and maintaining the networked computers, computer related equipment and software operating systems throughout the Hospital. The program area of this department is located in the basement of the Medical Arts building, a structure physically separate from the main hospital campus. The day to day operations of the department are managed by Jesse Rojo, Director, Information Services, and Bob Paprockas, Manager of Computer operations. They report to Don Bansemer, Vice President of Information Systems. The Employer maintains that all departmental employees, including departmental clerical employees, should be included in the skilled maintenance unit. The disputed job classifications include Computer Operator, Electronic Technician/Data Processing, Information Systems Coordinator, PC Analyst, Program Analyst, System Integration Specialist, Administrative Secretary, and Clinical Systems Coordinator. The Petitioner contends that the duties and functions of the Information Services Department ("IS") employees are more closely related to those of technical employees or business office clericals under the Rules and should not be included in a skilled maintenance unit.

In support of its position, the Employer offered the testimony of Vice President of Information Systems Don Bansemer. He testified that the PC Analyst, Clinical Systems Coordinator, System Integration Specialists (of which there are three), Programmer Analyst, and Information Systems Coordinators (of which there are three) work in the Information Systems office located in the lower level of the Medical Arts Building. These are salaried positions, and Bansemer testified that they are some of the most highly technical positions within the hospital. Each requires

either a bachelor degree or level of experience commensurate to a degree to hold the position. These employees wear dress shirts and ties and work Monday through Friday during regular business hours. Jesse Rojo supervises the salaried IS employees, and Bansemer testified that the salaried IS employees are more project oriented.

Specifically, the PC Analyst spends 90 to 100% of her time planning, organizing, and effectuating the systematic upgrade or new installation of PC software and hardware on the hundreds of PC computers scattered throughout hospital campus. In addition to these duties, the PC Analyst must be available for emergency consultations and support for daily problems that arise throughout the hospital. In a effort to resolve these emergency or urgent repair calls, the PC Analyst will consult or request the assistance of any number of the IS department computer or systems experts, including the Programmer Analysis or the Systems Specialists. This position has, in the past, interacted with the skilled maintenance employees in the building services department on matters involving power problems, such as adding or repairing electrical outlets and changing light bulbs, however there is no interchange between the PC Analyst and the Skilled maintenance employees regarding their individual job duties.

The Information Systems Coordinator and Clinical Systems Coordinator positions perform similar duties on the Hospitals computer system with a different emphasis for each position. The three Information Systems staff works primarily on the Employer Hospital Information System, a third-party computer software package called MedTech. MedTech provides a variety of subprograms for the administration of hospitals and medical procedures including medical billing, charting, and correspondence, along with a variety of other medical business functions. The Clinical Systems Coordinator focuses on the various software applications involving the clinical specialties such a lab work or nursing, and works hand in hand with the Information Systems personnel dealing with common systems problems and solutions. In addition, the two positions cooperate and coordinate the needs of the various departments for new or upgraded clinical or information systems and interact with third party vendors for the selection, installation and staff training coordination for the new system products.

There are two System Integration Specialists in the IS department performing service and maintenance on the Hospital's system software. These two position spend approximately 75 per cent of their time in the IS offices working on the system and application software used by the Hospital. The position spends the remainder of its work time outside the department providing application and system software solutions to the hospital staff. According to Vice President Bansemer, this is one of the most highly technical and skilled positions in the IS department.

The primary responsibility of the Programmer Analyst is to install and maintain the application and interface software on the Hospital's computers. This salaried position spends the majority it its time in the IS department, with the remainder spent circulating through the Hospital assisting the computer users with their application software problems. According to Vice President Bansemer, the Programmer works closely with the System Integration Specialist in maintaining and installing the software products.

The remaining technical positions in the Information Systems Department, the Computer Operators and Electronic Technician/Data Processing are hourly paid employees that work under the supervision of Bob Paprockas. The Computer operators work on a 24 hour seven day a week

basis, and are scheduled to cover this operational time frame as required. There are eight Computer Operators working in the IS Department, and they principally are responsible for continuously monitoring the Hospital's online systems for problems and manning a help desk for consulting with employees with problems that as they arise on the Hospital's PC system. The position also responds to hardware problems as they occur, such as broken printers, monitors, etc, and to repair or replace the hardware when practical. In addition, the operators run any number of computer or data processing jobs on a daily basis, such as billing reports, payroll reports account receivable reports, depending on the Hospitals data processing schedule.

Overall, the evidence presented during the hearing shows that employees in the information services department do not have any direct patient care duties or direct patient care contact in the normal course of their job functions. There is also no evidence that the departmental employees have any direct involvement in patient billing or interact with insurance companies concerning patient care or reimbursement issues. Equally clear is the fact that the IS employees do not perform skilled maintenance duties on Hospital's physical plant systems. Instead, the employees in the Information Services Department are exclusively engaged in computer programming, data entry, computer operation, and specialized maintenance and installation of computer hardware and software in the Hospital's computer network.

As noted above, the Employer argues on brief that the Information Services Employees, including the department's clerical employee, must be included in the skilled maintenance unit because they perform similar functions and possess similar skills as the skilled maintenance employees in the Building Services Department. The Union, on the other hand, properly notes that notwithstanding the skilled and technical nature of the job duties of the IS employees, the duties performed by the department are not job functions traditionally found to be part of a skilled maintenance unit performing work on a hospital's physical plant.

The Employer argues that the Board has provided for the inclusion of biomedical technicians in a skilled maintenance unit notwithstanding the fact that the position performs job duties that largely encompass the maintaining and repairing of complex portable electronic equipment and do not traditionally perform job duties associated with maintenance, repair, and operation of the hospitals' physical plant systems. See, e.g. *Ingalls Memorial Hospital* 309 NLRB 393, 397 (1992); *San Juan Regional Medical Center*, 307 NLRB 117 (1992). However, as stated by the Board in *San Juan*,

Although the Board did not make a unit placement decision in the Healthcare Rule regarding biomedical technicians, it did indicate that from the evidence it had received, it appeared that the biomedical technicians had skills similar to those of the more traditional skilled maintenance classifications. 284 NLRB 1559, 53 Fed.Reg. 33922

Id.; Accord: *Ingalls Memorial Hospital*, 309 NLRB 393, 397 (1992). Additionally, it should be noted that, while the Board did specifically review the biomedical technician job duties and functions within in the context of the Rule's discussion of the appropriateness of the skilled maintenance unit, that discussion did not encompass in any way the positions and job duties traditionally associated with data entry, data processing, computer operators and programmers

classification. Moreover, in *Ingalls*, with Board approval, a mechanic working in the biomedical department was excluded from the skilled maintenance unit because:

[He] performs no Mechanical functions performed by the other Mechanics but primarily performs computer programming, data entry, computer operation, routing maintenance function on the Plant Operations computer network [The Mechanic] does not perform skilled maintenance work nor does he fill the position of a trainee or serve as a helper or assistant to skilled maintenance employees in the performance of their work.

Id. at 397. In short, while the various job classifications contained within the Information Systems Department perform a variety of maintenance, repair and diagnostic functions in the course of their job duties on the Hospital's computer information system, these tasks do not appear to be encompassed by the traditional definition of a hospital's physical plant systems, such as heating, ventilation, air-conditioning, refrigeration, electrical, plumbing, and mechanical. See 53 Fed.Reg. 33900, 33920-33924, 284 NLRB 1527, 1557, 1561 (1988).

Based on the foregoing, I conclude that the employees employed by the Hospital in the Information Systems Department, Computer Operator, Electronic Technician/Data Processing, Information Systems Coordinator, PC Analyst, Program Analyst, System Integration Specialist, Administrative Secretary, and Clinical Systems Coordinator are appropriately excluded from the petitioned-for unit of skilled maintenance employees.⁴

C. The Relationship between Silver Cross Hospital and Aramark Corporation

As noted, the Employer provided evidence at the hearing illustrating a variety of contractual relationships between itself and Aramark, a support services consulting company. The relationship includes generally: the supplying of management personnel and proprietary computer hardware and software (the ISIS system) to the Building Services Department; the complete operation of the Biomedical Department, including the independent supplying of personnel, management, tools and supplies for the department; and, in the Nutrition Services Department, Aramark provides management services and support in the Food Services Department of the Hospital, including the daily operational oversight of approximately 40-60 employees including the classification of Utility Person, Nutrition Service Aid, Nutrition Service Aid II, Menu Clerk, and Production/Cooks. Ultimately, while the Employer did not take a position as to whether, as an initial matter, Aramark and the Hospital constituted a joint employer within the meaning of the Act, it maintains on brief that an initial determination must be made concerning the relationship between the Hospital and Aramark before the unit issues are resolved. Additionally, the Employer proffered a variety of alternative unit positions consistent with its understanding of the potential impact of a joint employer relationship under the recent Board decision in *Oakwood Care Center*, 343 NLRB No. 76 (Slip-op November 19, 2004). In *Oakwood*, the Board held that employees obtained from a labor supplier cannot be included in a unit of permanent employees of the employer to which they are assigned unless all parties consent to the bargaining arrangement. But since the record in the instant case does not reveal

⁴ Consequently, I need not resolve the issue of whether the IS Department's Administrative Secretary is a confidential employee.

that Aramark supplies any skilled maintenance employees to the Hospital, Oakwood is not pertinent to this case.

The Petitioner contests Employer's suggestions that there is a joint employer relationship between Aramark and the Hospital, and maintains that the Hospital is the sole employer of the skilled maintenance unit it seeks to represent. The long established standard for determining joint employer status is whether two nominally separate entities share or codetermine those matters governing the essential terms and conditions of employment. Moreover, to establish such status there must be a showing that the employer meaningfully affects matters relating to employment relationships such as hiring firing, discipline, supervision, and direction. *Airborne Express*, 338 NLRB 597, 605 (2002). See also *Lee Hospital*, 300 NLRB 947, 948 (1990). In the instant matter, I find that the largely undisputed evidence in the record concerning the operational relationship between Aramark and the Hospital, as it relates to the Building Services Department, does not indicate demonstrate sufficient control by Aramark over the terms and conditions of employment to constitute a joint employer with the Hospital. Specifically, the Hospital maintains sole administrative control over the fringe benefit package provided to its skilled maintenance employees; the wage package and wage progression of its skilled maintenance employees; the internal grievance procedure available to its skilled maintenance employees; and ultimate approval over all hiring, evaluations, and discipline over its skilled maintenance employees. While the Aramark manager does provide some initial input into the evaluation process and investigate violations of the hospital policies and procedures, the ultimate authority to resolve these matters rests with the Hospital management. In short, Aramark has limited authority over the Building Services Department in terms of day to day operations which do not rise to the level of codetermination of essential terms and conditions of employment to the extent necessary to be found to be a joint employer.⁵

IV. SUMMARY

For the reasons described above, I find that the petitioned for unit is a skilled maintenance unit and is appropriate. I do not include the office coordinator and clerk dispatcher in the building serviced department, and the Information Services Department employees. There are approximately 15 employees in the unit found appropriate herein.

V. DIRECTION OF ELECTION

An election by secret ballot shall be conducted by the undersigned, among the employees in the unit found appropriate at the time and place set forth in the notice of intent to conduct election to be issued subsequently, subject to the Board's Rules and Regulations. Eligible to vote are those in the unit who were employed during the payroll period ending immediately preceding the date of the issuance of the notice of intent to conduct election, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Employees engaged in any economic strike, who have retained their status as strikers and who have not been

⁵ Insofar as the various unit positions proffered by the Hospital are contingent on an initial determination of a joint employer relationship between the Hospital and Aramark, I find it unnecessary to address the unit issues involving the Biomedical Department and the Food Services Department.

permanently replaced are also eligible to vote. In addition, in an economic strike, which commenced less than 12 months before the election date, employees engaged in such strikes who have retained their status, as strikers but who have been permanently replaced, as well as their replacements, are eligible to vote. Those in the unit who are in the military services of the United States may vote if they appear in person at the polls. Ineligible to vote are former unit employees who have quit or been discharged for cause since the designated payroll period, employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced. Those eligible shall vote whether or not they desire to be represented for collective bargaining purposes by the International Union of Operating Engineers, Local 399, AFL-CIO; or no labor organization.

VI. NOTICES OF ELECTION

Please be advised that the Board has adopted a rule requiring that election notices be posted by the Employer at least three working days prior to an election. If the Employer has not received the notice of election at least five working days prior to the election date, please contact the Board Agent assigned to the case or the election clerk.

A party shall be stopped from objecting to the non-posting of notices if it is responsible for the non-posting. An Employer shall be deemed to have received copies of the election notices unless it notifies the Regional office at least five working days prior to 12:01 a.m. of the day of the election that it has not received the notices. *Club Demonstration Services*, 317 NLRB 349 (1995). Failure of the Employer to comply with these posting rules shall be grounds for setting aside the election whenever proper objections are filed.

VII. LIST OF VOTERS

To insure that all eligible voters have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses, which may be used to communicate with them. *Excelsior Underwear, Inc.*, 156 NLRB 1236 (1966); *NLRB v. Wyman-Gordon Company*, 394 U.S. 759 (1969). Accordingly, it is directed that 2 copies of an eligibility list containing the full names and addresses of all the eligible voters must be filed by the Employer with the undersigned within 7 days from the date of this Decision. *North Macon Health Care Facility*, 315 NLRB 359 (1994). The undersigned shall make this list available to all parties to the election. In order to be timely filed, such list must be received in Region 13's Office, Suite 800, 200 West Adams Street, Chicago, Illinois 60606 on or before **February 9, 2005**. No extension of time to file this list shall be granted except in extraordinary circumstances, nor shall the filing of a request for review operate to stay the requirement here imposed. Failure to comply with this requirement shall be grounds for setting aside the election whenever proper objections are filed.

VIII. RIGHT TO REQUEST REVIEW

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099-14th Street. N.W., Washington, DC 20570. This request must be received by the Board in Washington by February 16, 2005.

DATED at Chicago, Illinois this 2nd day of February, 2005

/s/Roberto G. Chavarry

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CATS Unit – Health Care
 Unit – Single v. Multi-Employer

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